

Name in Full

Certificate of Death

Died at

Date 1903

Husband
of

Wife

Father's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sydney Mudd Proquimer

Town

County

MARYLAND

Month 6	Day 15	Y. 1903	M. 1903	D. 1903	Native of Ind	Occupation none
Male	White	Married	Widow	Divorced	Number of children living	
Female	Colored	Singla	Widower			

Husband
of

Wife

Father's
Name

Mother's

Maiden Name

Cause of

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

105

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Millie Brown

Died at ^{Town} La Plasa ^{County} Clear, Cr MARYLAND

Date 1903 ^{Month} June ^{Day} 19 ^{Y.} 41 ^{M.} - ^{D.} - ^{Native of} Charles ^{Occupation} Housewife
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband of ^{of} Madison Brown
 Father's Name Saml. Young Mother's Name, Ann Young
 Cause of { Primary Tuberculosis How long sick 3 years
 Death { Immediate Aethmia Accident ~~Suicide~~ ~~Homicide~~

Reported by E. J. J. J. J.

Address Bel Air

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 55968



Name In Full

Certificate of Death

Wesley Calvert

Town

County

Died at

Newbury

Charles

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

June 9

Age

21 11

Maryland

Farmer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Lynore W. Calvert

Mother's

Maiden Name

Bessie

Cause of

Primary

Miliary Tuberculosis

How long sick

4 Mo

Death

Immediate

Anemia

~~Accident, Suicide, Homicide~~

Reported by

E. J. Calvert

Address

Bul Calvert
Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Annie Coffer

ed at *Indian Head* Town *Charles* County *MARYLAND*
 te *1903* *June* *23* Age *23* Y. M. D. Native of Occupation *Housewife.*
 Male *White* Married *Widow* Divorced
 Female Colored Single *Widower* Number of children living *1*

usband of *John V. Coffer* 27
 Mother's Name *Josephine Mason*
 Name *Leather Mason*

use of { Primary *Tuberculosis pneumonia* How long sick *4 months*
 Death { Immediate *Tuberculosis pneumonia* ~~Accident~~ ~~Suicide~~ ~~Homicide~~

ported by *Dr. J. Douglas, Chas. D., U.S. Army.*
 Address *Naval Training Ground Indian Head Md.*

ust be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of

Name
in
Full

Not-Named

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Nantemoy</i> Town		<i>Charles</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>June</i>	Day <i>27</i>	Age	Years	Months <i>2</i> Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Charles md</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Thomas A. Craig</i>			Fether's Birthplace <i>Charles</i>		
Mother's Maiden Name <i>Susie Posey</i>			Mother's Birthplace <i>1 1 1 1</i>		
Name of person giving information <i>Thomas A. Craig</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Don't know it - Being so very young</i>	How long	<i>151</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W Dr matten danner</i>	
<i>g</i>		Address	
Accident or Suicide?			



Name in Full

Certificate of Death

Mrs J. B. Gale

Town

County

Died at

Perry

Charles

MARYLAND

Date 19

3 18 Jun

Month

Day

Age

85

Y.

M.

D.

Native of

Md

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of

D. H. Gale

Wife

Father's

Name

B. Wilkerson

Mother's

Maiden Name

Cheng Berry

Cause of

Primary

Pneumonia

How long sick

Death

Immediate

Heart-failure

Accident, Suicide, Homicide

Reported by

G E Ward Undertaker

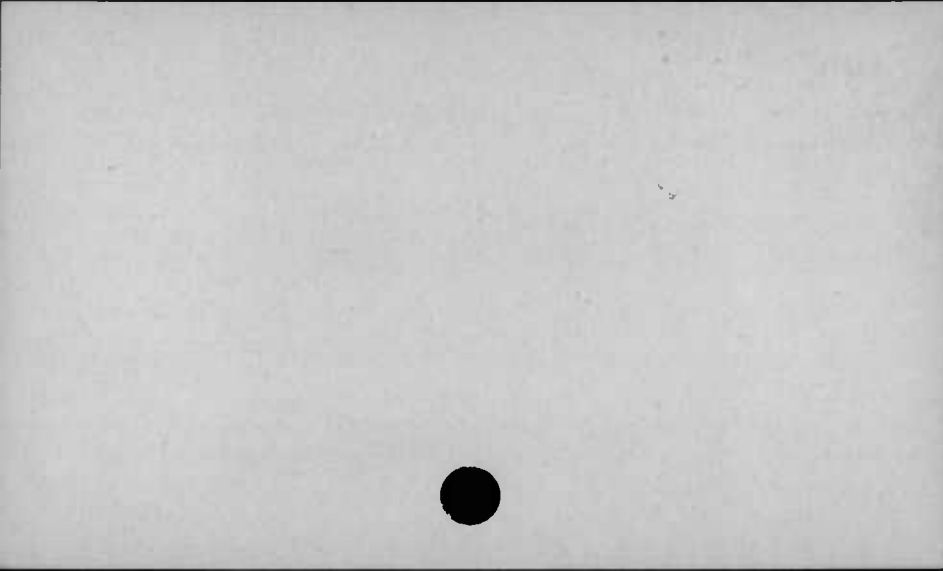
Address

Caplata

C E Wade

Must be signed by physician, if any in attendance otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Geo. W. Gilroy

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

June 30

Age

4-

Ind.

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Stev. Enteritis

How long sick

Death

Immediate

105

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

In Full

CERTIFICATE OF DEATH

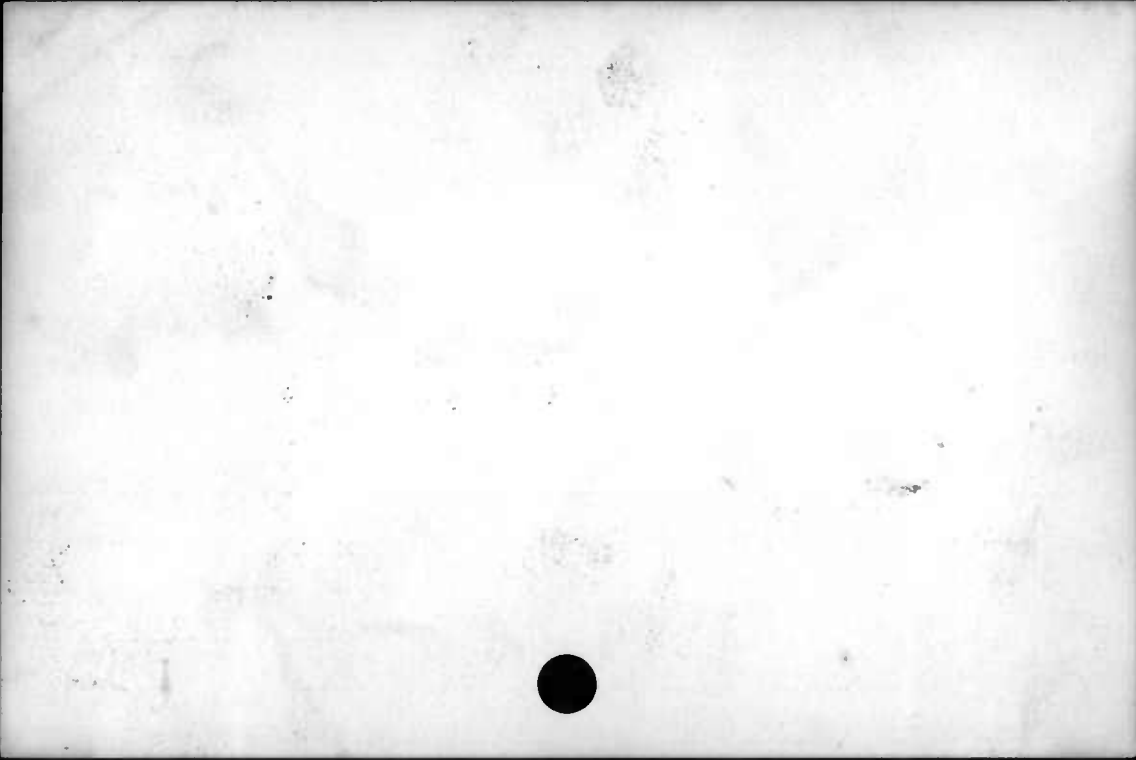
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Waldorf</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>June</i>	Day <i>28</i>	Age <i>7</i>	Months <i>—</i>	Days <i>30</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Chas. Co. Md</i>		
Married Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>John D. Hamilton</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Laura Dunn</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Laura Hamilton</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Massive infarction</i>	How long <i>100 y</i>
Immediate <i>Cholera infantum</i>	How long <i>100 y</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>P. O. Snover</i>
<i>9</i>	Address <i>Waldorf Md</i>
Accident or Suicide? <i>9</i>	



Name in Full

Certificate of Death

Mary Ellen Hawkins

Town

County

Died at

Perry

Charles -

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

June 29

Age

7-

-Ind-

None

Male

~~White~~

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Not married

Father's

Mother's

Name

Maiden Name

Jas. B. Hawkins

Emma J. Bowman

Cause of

Primary

Measles

27

How long sick

Six months

Death

Immediate

Acute Military Tuberculosis

Accident, Suicide, Homicide

Reported by

J. W. Mitchell M.D.

Address

Perry Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79095



Name in Full

Certificate of Death

Mary M. Herbert

Town

County

Died at

Cromptonville

Charles

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

6

24

Age

4-9

Ind.

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~~~Husband~~ of~~Wife~~

Father's

Name

John B. Herbert

Mother's

Name

Magdeline Morris

Cause of

Primary

Dysentery

How long sick

3 days

Death

Immediate

Collapse

14

Accident, Suicide, Homicide

Reported by

J. L. Higdon.
Hayside.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6508



Name in Full

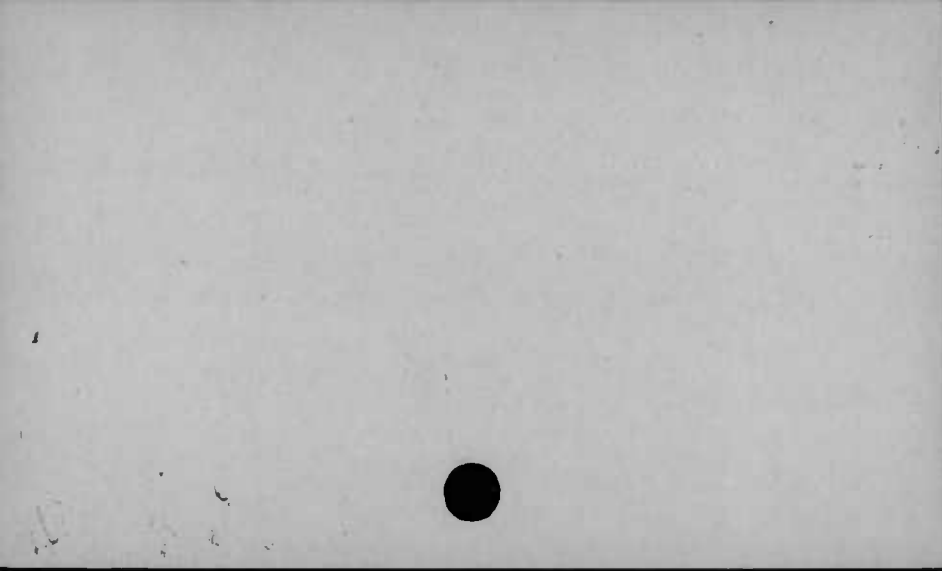
Certificate of Death

Thomas Jones
 Town Bel Air County Charles
 Died at
 Date 18903 June 18 Age 37 Y. M. D. Native of Virginia Occupation Laborer
 Male ~~White~~ Married ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living 2

Husband of Jennie Jones
 Father's Name Thomas Jones Mother's Name Not Known
 Cause of Death { Primary Tuberculosis How long sick 6 months
 Immediate Asphyxia Accident, Suicide, Homicide

Reported by G. Dr. Rely (cor) E. Spencer and Rely
 Address Bel Air Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Laura Mankin (Infant)

Town

County

Died at

MARYLAND

Date 1903 June 2
 Month Day Y. M. D. Native of Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

James A. Mudd

Town

County

Died at

Byantown Charles

MARYLAND

Date 19

03 Jan 30

Age

72 - -

Native of

Ind

Occupation

Male

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

108

Cause of

Primary

Intestinal Obstruction

How long sick

Death

Immediate

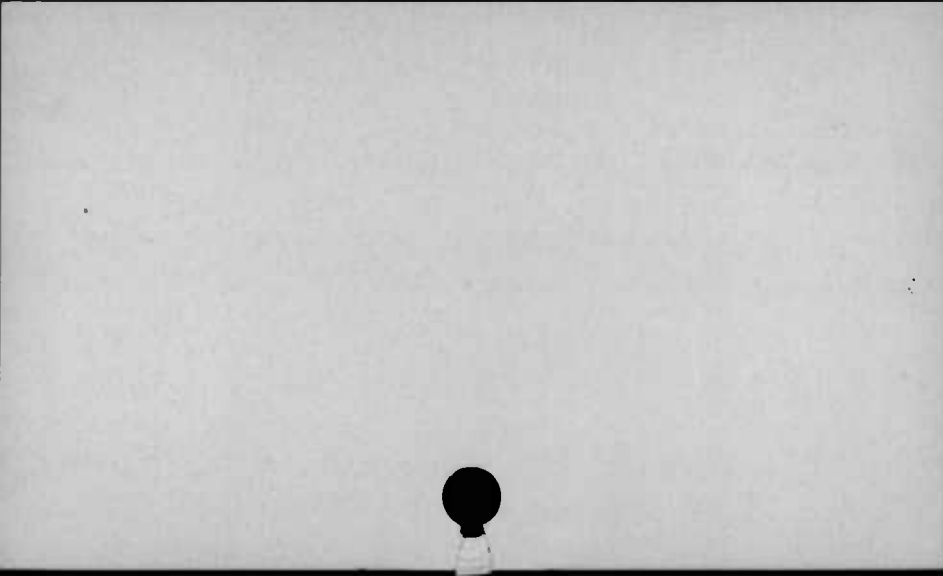
~~Accident, Suicide, Homicide~~

Reported by

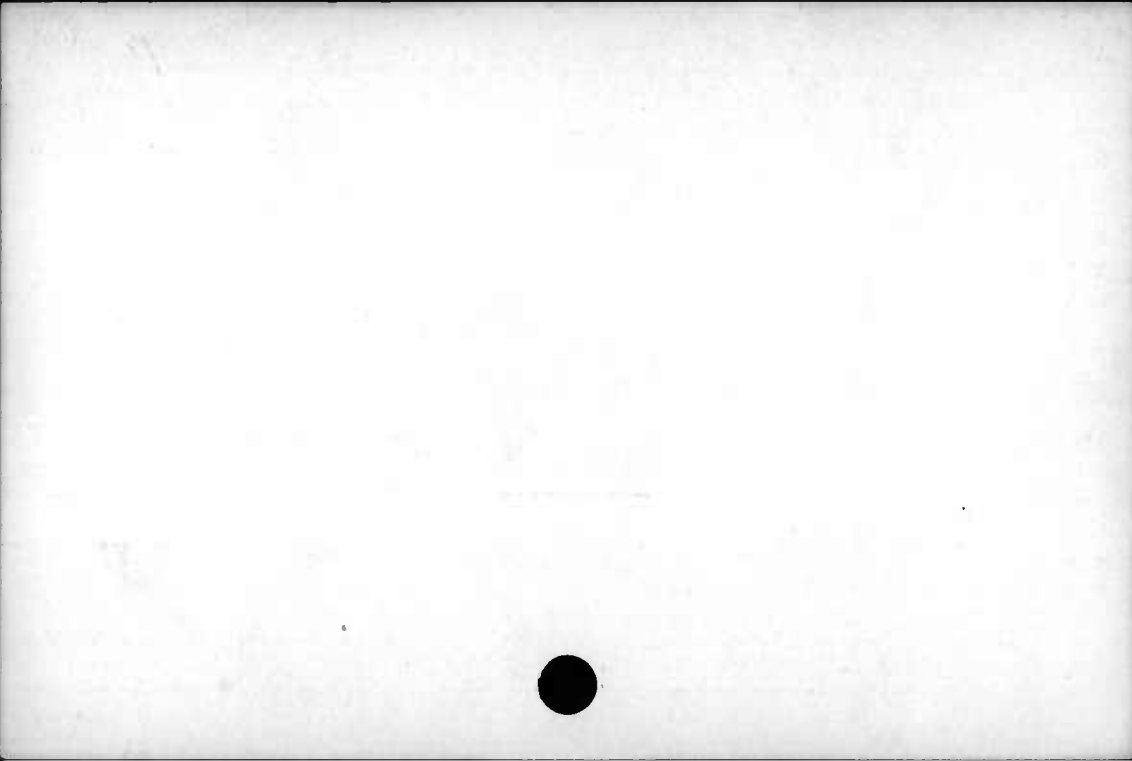
A. L. Chof. J. L. M. D.

Address

Must be signed by physician, if any in attendance, otherwise by, one, undertaker or minister.



Name in Full		Tally B Pennington				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town La Plata		County Charles		MARYLAND
	Date of death 1903		Month 6	Day 21	Years 74	Months	Days
	Sex Female		Color or Race White		Birth- place Virginia		
	Married, Single or Widowed		Widow		Occupation Teaching		
	Name of Wife or Husband		T. Pennington				
	Father's Name		— Boteler			Father's Birthplace Virginia	
	Mother's Maiden Name		Sally Boteler			Mother's Birthplace " "	
Name of person giving In formation		Bertie C. Pennington			How related to deceased Daughter		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Gastric Catarrh			How long Ten years	
	Immediate						
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician P. W. Hawkins		
	Accident or Suicide?		9		Address M. S. La Plata Md		



Name
In
FullW. H. ~~W. H.~~ ~~W. H.~~

CERTIFICATE OF DEATH

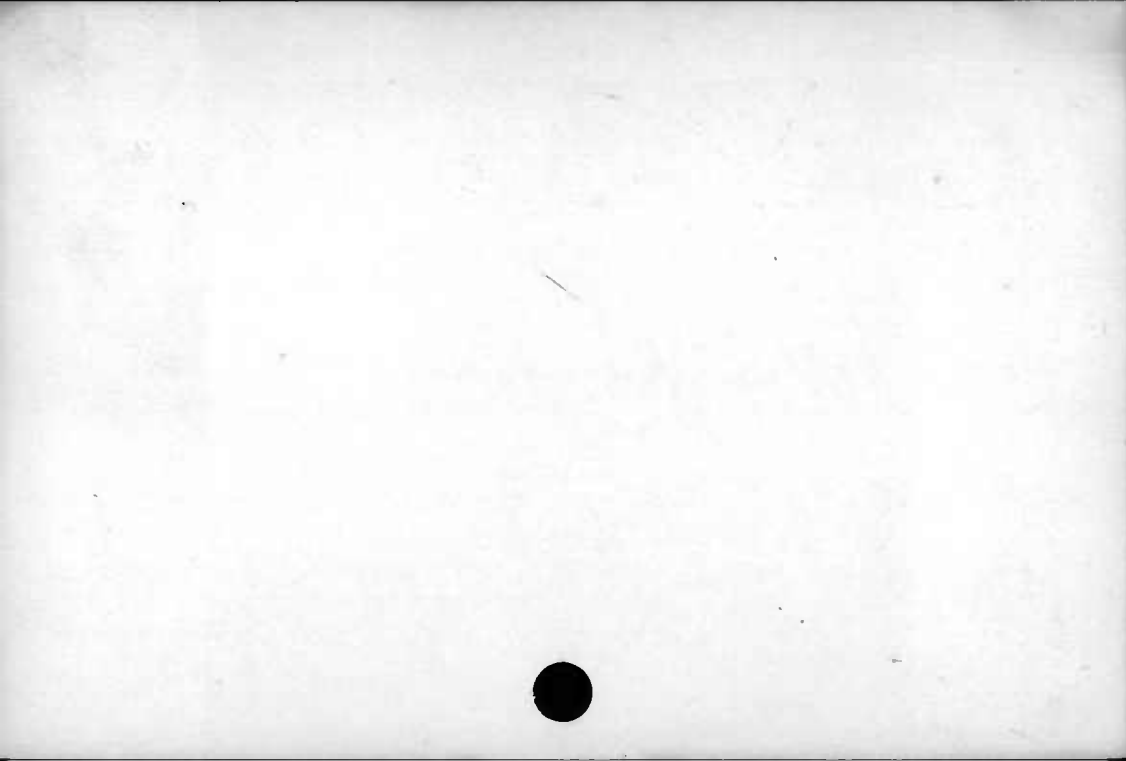
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Near cross Roads		Charles					
Date	Month	Day	Years	Months	Days		
of death 1903	June	25			07		
Sex	Color or Race		Birth-place				
	White		Charles Co				
Married, Single or Widowed			Occupation				
			ma				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Adam Rison				Charles Co			
Mother's Maiden Name				Mother's Birthplace			
Annie Maddox				Charles Co			
Name of person giving information				How related to deceased			
James J. Wright				None			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Don't know	
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	151 No Dr in attendance
	Address
Accident or Suicide?	



Name in Full

Certificate of Death

Mrs A. Shannon

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name
in
Full

Eugene Roswell Shelton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Mason ^{Town} Springs ^{County} Charles MARYLAND

Date of death 1903 6 ^{Month} 23 ^{Day} C ^{Age} 17 ^{Months} md ^{Days}

Sex male Color or Race C Birth-place md

Married, Single or Widowed Single Occupation

Name of Wife or Husband Hettie Shelton

Father's Name Archie Shelton Father's Birthplace md

Mother's Maiden Name Hettie Randall Mother's Birthplace md

Name of person giving information ~~Archie~~ Archie Shelton How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cholera Infantum How long Life time

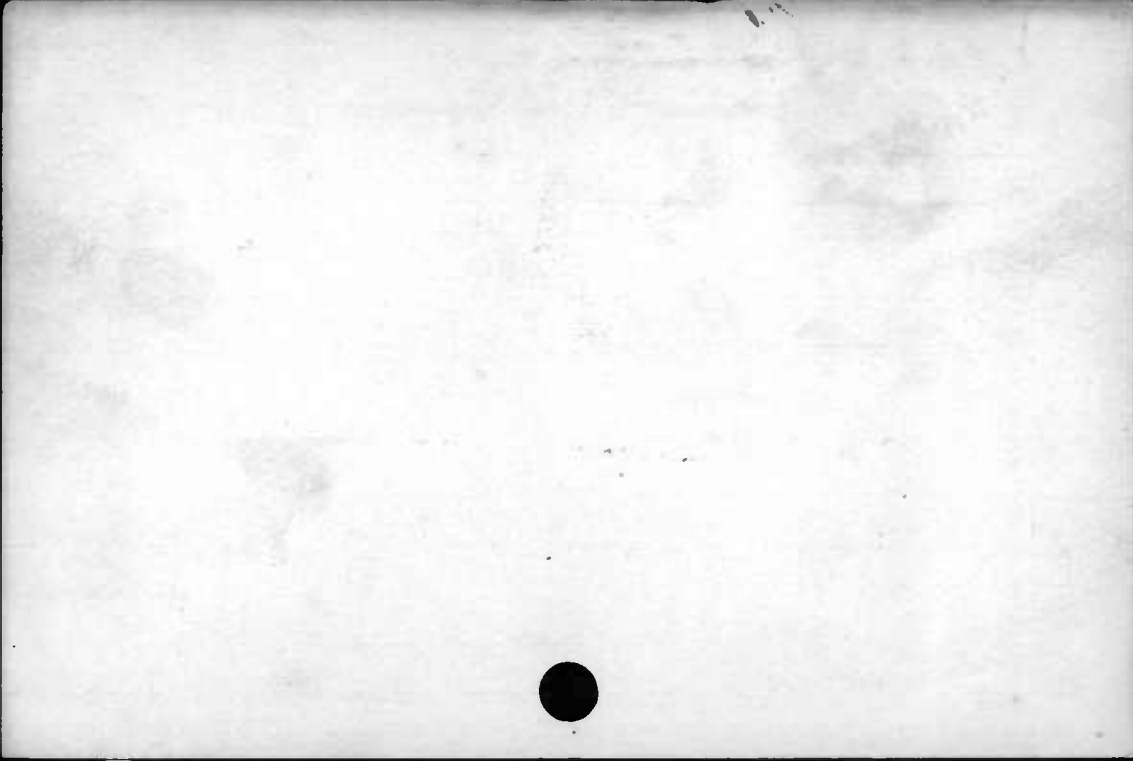
Immediate Antemortem How long 105 586 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician D. L. Harmon MD

Address Mason Springs md

Accident or Suicide? No



Name
in
Full

CERTIFICATE OF DEATH

Mary J. Simmons

Town

Baltimore

County

Charles

MARYLAND

Died at

Date

of death 190

3

Month

6

Day

23

Age

Years

80

Months

4

Days

9

Sex

Female

Color or
Race

white

Birth-
place

Md

Married, Single
or Widowed

Widow

Occupation

—

Name of Wife or
Husband

Joseph Simmons

Father's
Name

Dyer

Father's
Birthplace

Md

Mother's
Maiden NameMother's
BirthplaceName of person giving
In formation

Jos. Gardiner

How related
to deceased.

Cousin

CAUSES OF DEATH

Primary

old age

How long

Immediate

Heart Failure

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. C. C. Chapman Md

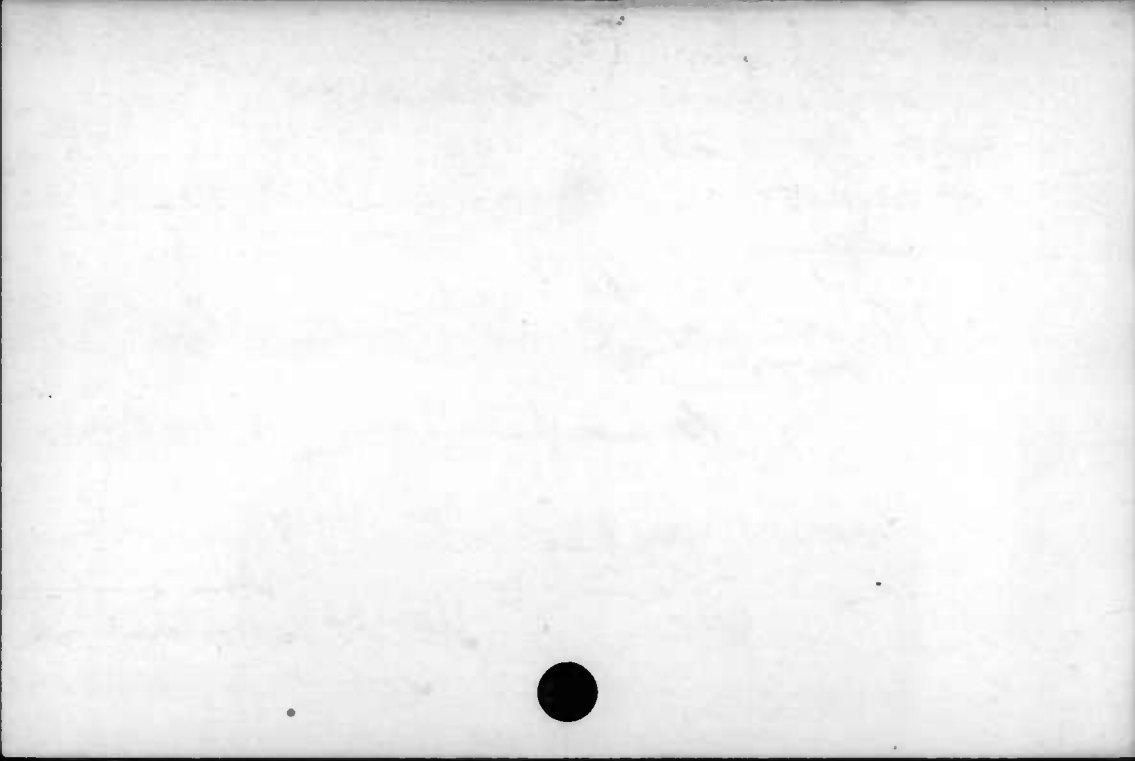
Address

Hughesville Md

Accident or Suicide?

g

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Laura H. Southerland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Puzak</i>		Town <i>Charles</i>		County		MARYLAND	
Date of death 190 <i>8</i>	Month <i>June</i>	Day <i>26</i>	Age	Years	Months <i>5</i>	Days <i>1</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Charles es mo</i>				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>Burnie Southerland</i>				Father's Birthplace <i>Charles es mo</i>			
Mother's Maiden Name <i>Nellie Thomas</i>				Mother's Birthplace <i>Balt- md</i>			
Name of person giving information <i>Theodore A Southerland</i>				How related to deceased <i>Uncle</i>			

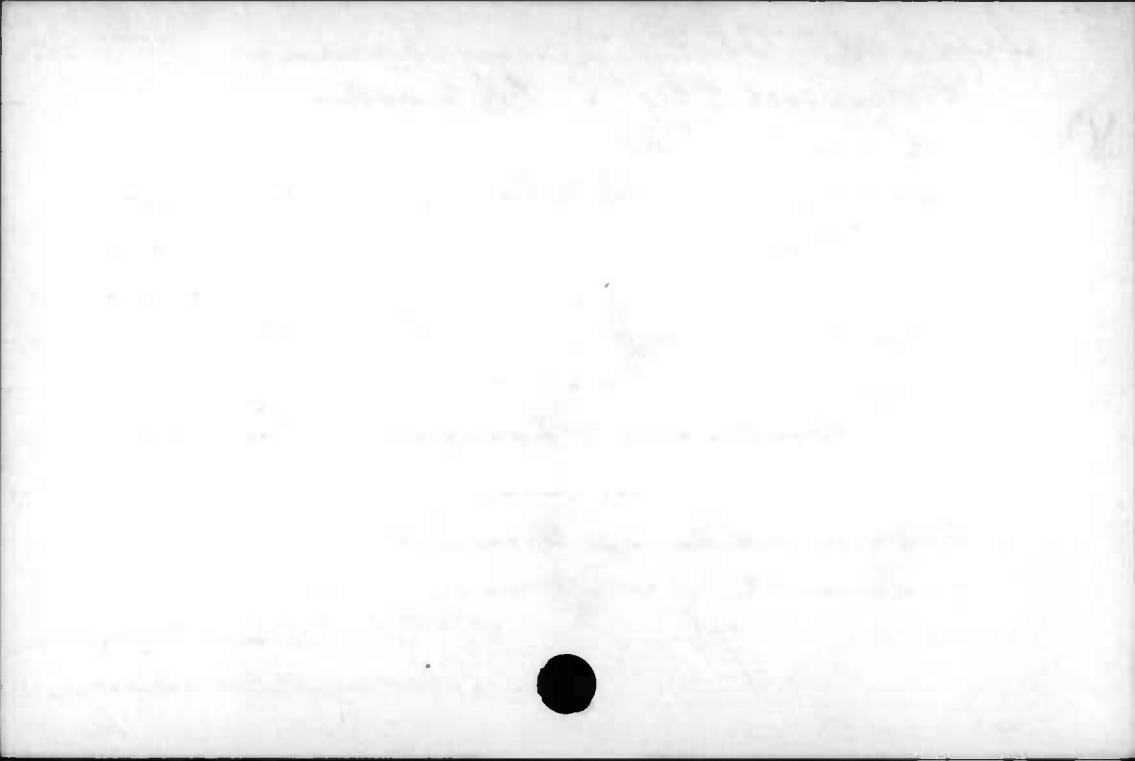
CAUSES OF DEATH

PHYSICIAN
OR CORONER

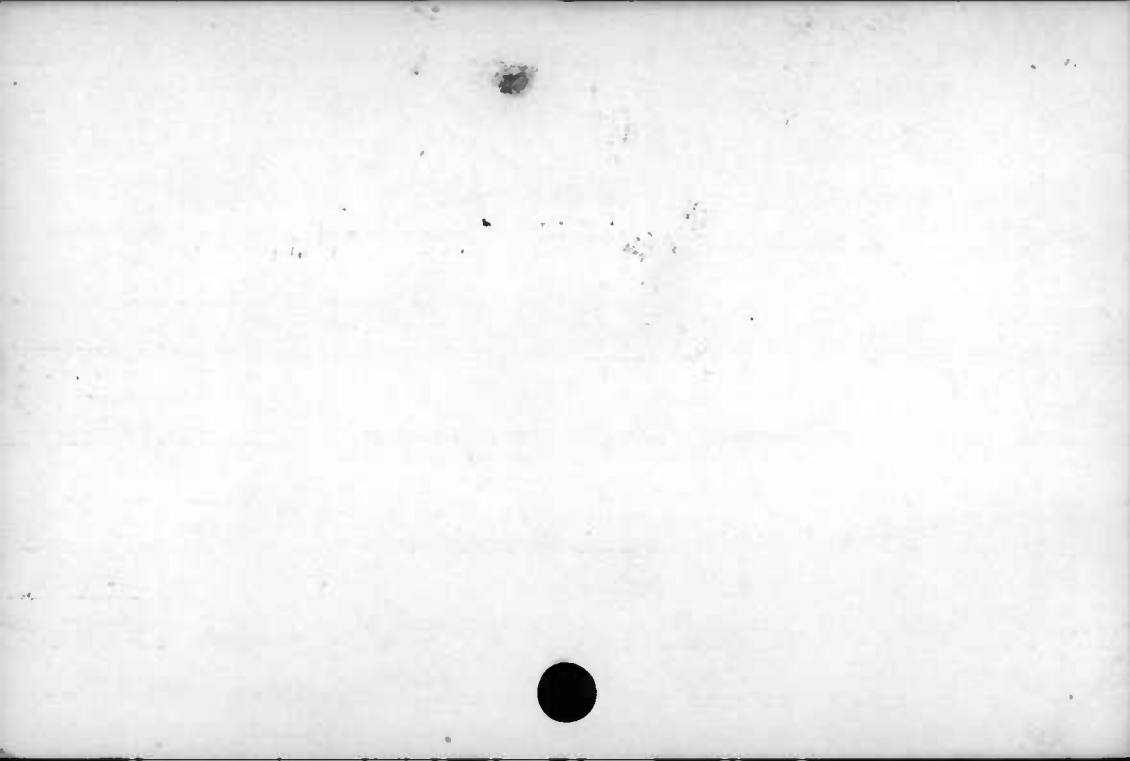
Primary	<i>Cholera Infantum</i>		How long	<i>1 week</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>NO Dr Inattendants</i>	
			Address	
Accident or Suicide?				



Name in Full		Dollie S. Swawn				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND		
		Died <i>Man Port Tobacco</i>		<i>Charles</i>				
		Date of death 1903	Month	Day	Age	Years	Months	Days
			<i>June</i>	<i>21</i>	<i>22</i>		<i>3</i>	<i>13</i>
		Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Charles</i>	
		Married, Single or Widowed	<i>Single</i>		Occupation	<i>Housewife</i>		
		Name of Wife or Husband	<i>None</i>					
PHYSICIAN OR CORONER	Father's Name	<i>Philip M. Swawn</i>				Father's Birthplace	<i>St. Marys</i>	
	Mother's Maiden Name	<i>G. A. T. Mattingly</i>				Mother's Birthplace	<i>St. Marys</i>	
	Name of person giving information	<i>Philip M. Swawn Jr</i>				How related to deceased	<i>Brother</i>	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	<i>Consumption</i>				How long	<i>2 yrs</i>	
	Immediate					How long		
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician	<i>Thos. Owen M. ?</i>		
	<i>La Plata</i>		Address		<i>Ind</i>			
	Accident or Suicide?		<i>No</i>					



Name in Full		Infant Child of Lena Thomas				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Patuxent City		Charles			
Date of death 1903		Month	Day	Years	Months	Days	
3		June	21	—	—	1/2	
Sex		Color or Race		Birth-place			
male		Black		Ind			
Married, Single or Widowed		Occupation					
Single		—					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Unknown				—			
Mother's Maiden Name				Mother's Birthplace			
Lena Turner							
Name of person giving information				How related to deceased			
Mildred Thomas				none			
CAUSES OF DEATH							
Primary		Premature birth				How long	
						—	
Immediate		Heart failure				How long	
						151	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address			
Yes		W. C. Chapman		Highville			
9		●					
Accident or Suicide?							



Name
in
Full

Infant - Child of Lena Thomas

CERTIFICATE OF DEATH

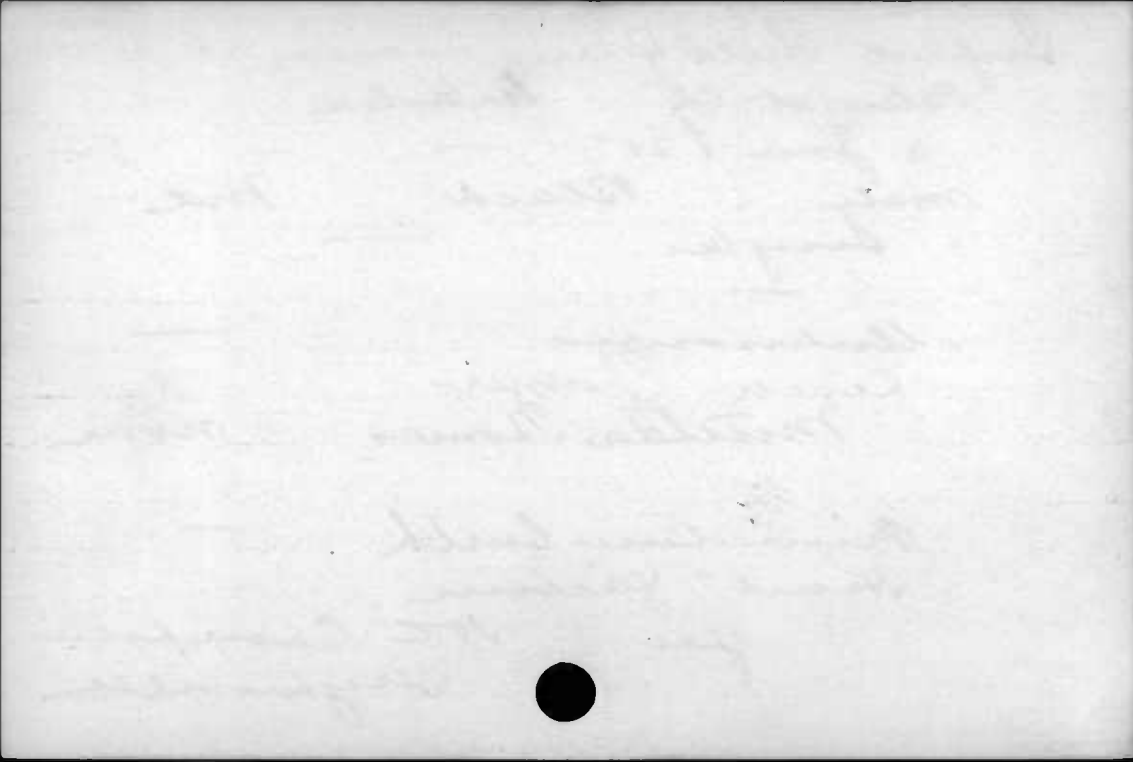
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Palmer City</u> ^{Town}		<u>Cherokee</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	<u>6</u> ^{Month}	<u>23</u> ^{Day}	Age <u>—</u> ^{Years}	<u>—</u> ^{Months}	<u>1</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>B. & black</u>		Birth-place <u>Ind</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Unknown</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>Lena Turner</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>Mattie Thomas</u>			How related to deceased <u>niece</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Premature birth</u>	How long <u>—</u>
Immediate <u>Heart failure</u>	How long <u>151</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. Chap. [Signature]</u>
<u>2</u>	Address <u>Highville Ind</u>
Accident or Suicide? <u>—</u>	



Lola Thompson

Town

County

ed at

Falmer

Charles

MARYLAND

ate 1903

Month

Day

Y.

M.

D.

Native of

Occupation

June 18

Age

1

5

Maryland

~~Male~~

~~White~~

~~Married~~

~~Widow~~

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

and of

s

Larry Thompson

Mother's

Maiden Name

Mary Proctor

Primary

Enteritis

Immediate

Asphyxia

How long sick

3 weeks

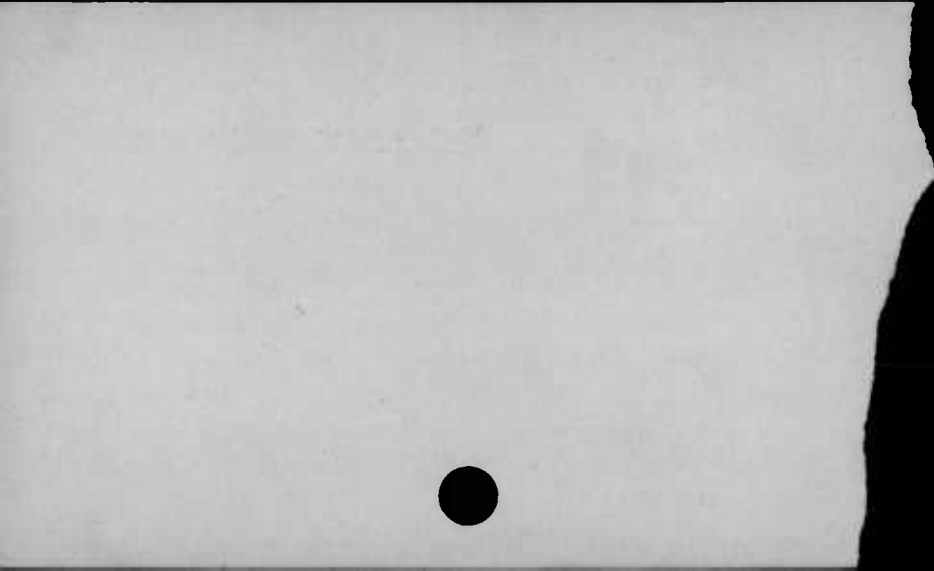
Accident, Suicide, Homicide

105

Spencer

Bel Alma

ned by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Waldorf</i> Town		<i>Charles</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>June</i>	Day <i>30</i>	Age <i>72</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Farmer</i>		
Name of Wife or Husband <i>Betty Williams</i>					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>Betty Lunn</i>				How related to deceased <i>Wife</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>N.C.O. -</i>	How long
Immediate <i>Heart failure</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. O. Morris</i>
<i>J</i>	Address <i>Waldorf</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Agnes Washington

CERTIFICATE OF DEATH

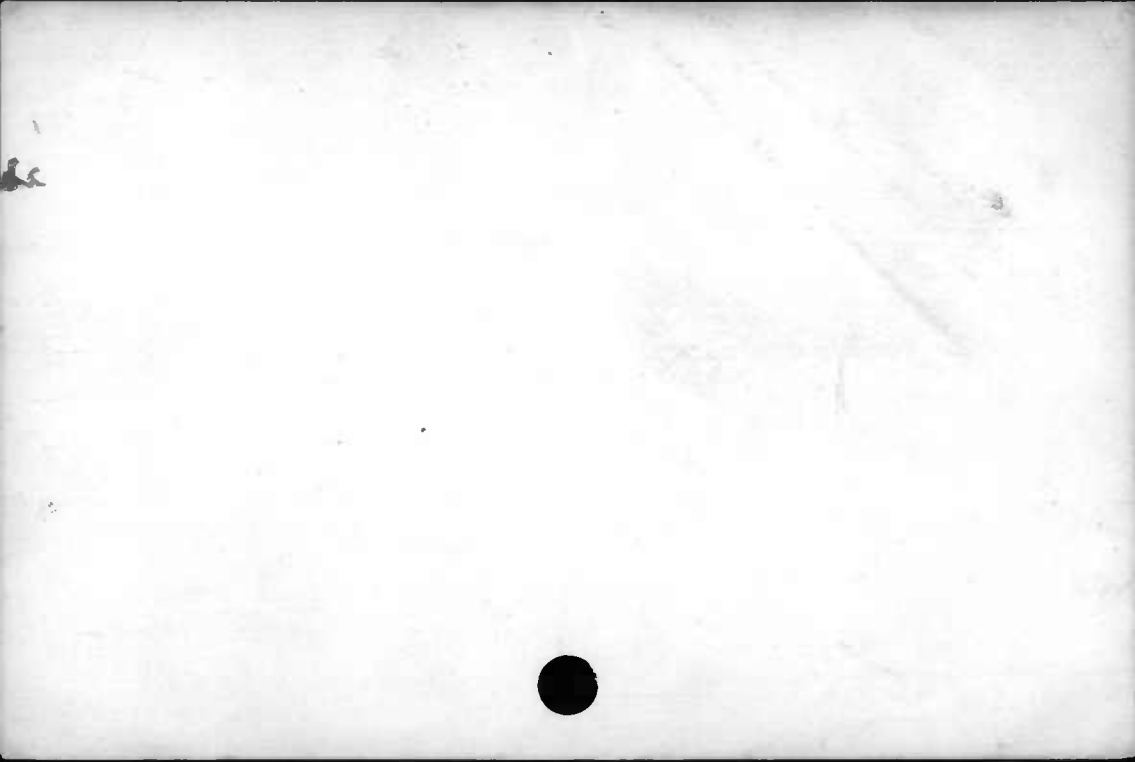
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Berry</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>6</i>	Day <i>6</i>	Age <i>20</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Charles Co.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Anthony Washington</i>			Father's Birthplace <i>Charles Co.</i>		
Mother's Maiden Name <i>Mary Butler</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>William Scott</i>			How related to deceased <i>Half-brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>one year</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Harry K. Haller</i>
<i>9</i>	Address <i>Presidentway Ind.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age		Months	Days
June		25	Years	2		18	
Sex	male	Color or	White	Birth-place		Mechanic ma	
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Mamie Yates							
Father's Name				Father's Birthplace			
Mr. S. Yates				Leonard ma			
Mother's Maiden Name				Mother's Birthplace			
Mamie Stuedel				Mechanic ma			
Name of person giving information				How related to deceased			
Mr. S. Yates				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	3 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
J		105	
Accident or Suicide?		Address	

